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APPLICANTS

Deepak S. Turaga, Croton on Hudson, NY;
 Tshuan Chen, Wexford, PA;

** CONTINUING DATA ***** *No*

** FOREIGN APPLICATIONS ***** *No*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 10	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials				

ADDRESS

Jonathan C. Parks, Esquire
 Kirkpatrick & Lockhart, LLP
 Henry W. Oliver Building
 535 Smithfield Street
 Pittsburgh, PA15222-2312

TITLE

System and methods for video compression mode decisions

FILING FEE RECEIVED 603	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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